

Kate Marshall
State Treasurer



Steve George
Chief of Staff

Mark Mathers
Chief Deputy Treasurer

STATE OF NEVADA
OFFICE OF THE STATE TREASURER
NEVADA PREPAID TUITION PROGRAM

CHANGE OF DESIGNATED BENEFICIARY – Cannot be requested if any contract benefits have been used OR if the new beneficiary is more than 3 years older than the current beneficiary. Please see Master Agreement for complete list of requirements.

PURCHASER'S NAME: _____

CONTRACT NUMBER: _____

ORIGINAL BENEFICIARY: _____

PROJECTED COLLEGE ENROLLMENT YEAR: _____

☐ **CHECK THIS BOX TO CERTIFY THAT THE NEW BENEFICIARY IS A FAMILY MEMBER, PER THE CRITERIA AS SPECIFIED IN THE MASTER AGREEMENT.**

THE FOLLOWING INFORMATION IS REQUESTED FOR THE NEW BENEFICIARY:

NEW BENEFICIARY NAME: _____

ADDRESS: _____

PHONE # _____ SSN: _____ BIRTHDATE: _____

PROJECTED COLLEGE ENROLLMENT YEAR: _____ SEX: ☐ MALE ☐ FEMALE

TO AUTHORIZE THIS CHANGE OF BENEFICIARY, PLEASE SIGN THIS COMPLETED FORM IN THE PRESENCE OF A NOTARY.

Purchaser's Signature

Date

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me

this _____ day of _____, in the year of _____

by _____

PLEASE SEND THE COMPLETED FORM (ORIGINAL) AND THE \$20.00 CHANGE OF BENEFICIARY FEE TO THE FOLLOWING ADDRESS:

555 E. Washington Ave.
Suite 4600
Las Vegas, NV 89101-1075



(888) 477-2667 Toll Free
(702) 486-2025 Telephone
(702) 486-3246 Fax

Email Address: PrepaidTuition@nevadatreasurer.gov